SPECIFIC-PURPOSE COMMITTEE

FORM SPAC

CAMPAIGN	FINANCE REPORT	•		COVER S	HEET PG 1
The SPAC Instruction Gu	ide explains how to complete this f	form. 1 ACCOUNT (Ethics Con	# mmission Filers)	2 Total pages file	ed:
3 COMMITTEE NAME				OFFICE	USEGNLY ?
Our Rail		J		Date Received	ريي ر
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: PO Box 49166, Austin, TX		TATE; ZIP CODE		RECEIVED
change of address				Date Hand-delivered or Receipt#	
				Receipt #	700000
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Scott		MI	Date Processed	- L .
	NICKNAME LAST Morris		SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	3705 Cedar St Austin TX		ITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS change of address	PO Box 49166, Austin, TX		ITY; STATE,	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 371-7961	Ε	XTENSION		
9 REPORTTYPE	July 15 8	30th day before election Bilh day before election Runoff	X X 	Exceeded \$500 limit Dissolution (attach PAC 10th day after campaign to	
10 PERIOD COVERED	Month Day Year			Month Day	Year
	10 / 26 / 14	THRO	UGH	12 / 31 ,	/ 14
11 ELECTION	Month Day Year	ELECTION TYPE	-		
	11 / 04 / 14	Primary	Runoff	X General	Special
	GO	TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·			
12 COMMITTEE NAME Our Rail			ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (o	fficeholder)
X OPPOSE			
(Candidate or Measure)		"Project Connect" Mon	/- /.
ASSIST (Officeholder)	X MEASURE	Bond Referendum 11 DESCRIPTION A measure funding urban rail was approved by Austin City Council.	vithin a sub-corridor
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL PLEDGES, LOANS,	CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. OR GUARANTEES OF LOANS), UNLESS ITEM	S *
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ *
EXPENDITURE TOTALS	3. TOTAL POLITICAL	TEMIZED \$ *	
	4. TOTAL POLITIC	AL EXPENDITURES	\$ *
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY \$ *
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	S *
15 AFFIDAVIT		I swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Elec	es all information required to be
* See follo	owing page		
		Signature of Camp	paign Treasurer
AFFIX NOTARY STAMP / SE	AL ABOVE		
Sworn to and subscrib	ed before me, by the	said	, this the
day of	, 20	, to certify which, witness my	hand and seal of office.
Signature of officer administer	ering oath Printed	name of officer administering oath	Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Rail			ACCOUNT # (Ethics Commission File
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	<u></u>	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	fficeholder)	
X OPPOSE			
(Candidate or Measure)	W	"2014 Strategic Mobility Plan" Mont Bond Referendum 11	ELECTION DATE th Day Year 04 14
ASSIST (Officeholder)	X MEASURE	A ballot measure containing url	ban rail investments
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL PLEDGES, LOANS	S 0.00	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2830.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	* 0.00	
	4. TOTAL POLITIC	\$ 3349.20	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ -0-
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O	\$ -0-
JA.	ME GUZMAN otery Public TE OF TEXAS m. Exp. 98-08-2917	I swear, or affirm, under penalty of preport is true and correct and include reported by me under Title 15, Elect	es all information required to be tion Code.
AFFIX NOTARY STAMP / SE	ed before me, by the	said Scott Mor	· (V/S, this the
day of		to certify which, witness my	
Jaintal		HME guzmar	Mesonal Bank
Signature of office administer	ring oath Printed	name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	A: 2
The managed Curae Oxplains now to complete and letter	
2 FILER NAME Our Rail 3 ACCOUNT # (Ethics Co	Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	In-kind contribution lescription (if applicable)
2500 E 2nd St, Austin, TX 78702	as, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Director 10 Employer (See Instructions) Citi	
Date Full name of contributor out-of-state PAC (ID#	In-kind contribution lescription (if applicable)
	as, complete Schedule T)
Principal occupation / Job title (See Instructions) Senior Distinguished Engineer Employer (See Instructions) Dell	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) de 10/27/14 Kirk Mitchell 500.00 Contributor address; City; State; Zip Code	In-kind contribution description (if applicable)
PO BOX 4023, Austin, TX 78765	as, complete Schedule T)
Principal occupation / Job title (See Instructions) Investor Employer (See Instructions) Self employed	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) de 10/28/14 KT Musselman 25.00 Contributor address; City; State; Zip Code 2819 Foster Lane F224, Austin, TX 78757	In-kind contribution description (if applicable)
	as, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) de 10/30/14 Douglas Mink 60.00 Contributor address; City: State: Zip Code	In-kind contribution description (if applicable)
4206 BALCONES DR, Austin, TX 78731	as, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	OTTIER	MAN FLEDGES ON LOAK			
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A: 2
2	FILER NAME Our Rail			3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/30/14	Chris Bradford 6 Contributor address; City; State; Zip Code		100.00	
		2620 KINNEY OAKS CT, Austin, TX	78704	(If travel outside o	of Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/14	Caleb Pritchard Contributor address; City; State; Zip Code		50.00	uescription (ii applicable)
		1212 Guadalupe #210, Austin, TX 7	78701	(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In		,,
	Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/14	KT Musselman Contributor address; City; State; Zip Code		25.00	
		2819 Foster Lane F224, Austin, TX	78757	(If travel outside :	I
	Principal occu	pation / Job title (See Instructions)	Employer (See In	,	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
-	10/31/14	Rodney Florence		20.00	description (il applicable)
		Contributor address; City; State; Zip Code			
		303 Lightsey Rd., Austin, TX 78704	•	(If traval autoida r	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In		or roxas, complete defledure Ty
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	10/31/14	Alex Davern Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
		818 E 37th St, Austin, TX 78705			<u> </u>
	Oringinal acc	nation / Joh title (See Instructions)	Employer (See In	L	of Texas, complete Schedule T)
		pation / Job title (See Instructions) ating Officer	National Ins		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Legal Services Solicitation/Fundraising Expense Tra Food/Beverage Expense Travel In District Cor Polling Expense Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME Our Rail	<u> </u>	<u> </u>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/14	5 Payee name PayPal				
6 Amount (\$)	7 Payee address; City: State: Zip Code				
7.55	2211 North First St, San		31		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Accounting/Banking		PayPal Fe	es	
9 Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder nam	ne	Office sou	ght Office held	
Date	Payee name				
10/27/14	Austin Chronicle				
Amount (\$)	Payee address; City; State; Zip Code				
511.00	PO Box 49066 Austin, TX 78765				
PURPOSE	Category (See categories listed at the	top of this schedule)	Descriptio	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		Print Ad		
Complete ONLY if direct expenditure to benefit C		ne	Office sou	ght Office held	
Date 10/27/14	Payee name Office Max		<u> </u>		
Amount (\$)	Payee address; City; State; Zip Code				
4.61	4615 N Lamar Blvd Aus	tin, TX 78751			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Office Overhead/Rental	•	Copies	on (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder nan /OH	ne	Office sou	ght Office held	
Date 10/27/14	Payee name PayPal				
Amount (\$) 14.80	Payee address; City; 2211 North First St, Sar	State; Zip Code 1 Jose, CA 951.	31		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Accounting/Banking	top of this schedule)	Description PayPal Fe	on (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C		ne	Office sou	ght Office held	
	ATTACH ADDITIONAL	. COPIES OF THIS	SCHEDULE A	S NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundre Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor lising Expense trict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F:	The Instruction Guide 2 FILER NAME	e explains now to	complete this is	3 ACCOUNT # (Ethics Commission Filers)		
5	Our Rail					
4 Date	5 Payee name					
10/28/14	PayPal			<u> </u>		
6 Amount (\$)		7 Payee address; City; State; Zip Code				
1.03	2211 North First St, San	Jose, CA 9513	51			
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Accounting/Banking		PayPal Fe	es		
9 Complete ONLY if direct expenditure to benefit C		e	Office sou	ght Office held		
Date	Payee name					
10/30/14	Austin American Statesr					
Amount (\$)	1	State; Zip Code	W 50504			
2225.00	305 South Congress Avenue, Austin, TX 78704					
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense Statesman Print Ad					
Complete <u>ONLY</u> if direct expenditure to benefit C		e	Office sou	ght Office held		
Date 10/30/14	Payee name PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
2.04	2211 North First St, San	Jose, CA 9513	31			
PURPOSE	Category (See categories listed at the	op of this schedule)	1	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Accounting/Banking		PayPal Fe	ees		
Complete ONLY if direct expenditure to benefit C		e	Office sou	ght Office held		
Date 10/30/14	Payee name PayPal		· ·			
Amount (\$) 3.20	Payee address: City: \$ 2211 North First St, San	State; Zip Code Jose, CA 9513	31			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Accounting/Banking	op of this schedule)	Description PayPal Fe	on (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C		е	Office sou	ght Office held		
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE A	S NEEDED		

•

SCHEDULE F

POLITICAL EXPENDITURES

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: Our Rail 5 Payee name 4 Date 10/30/14 **PayPal** 7 Payee address; 6 Amount (\$) City; State; Zip Code 1.75 2211 North First St, San Jose, CA 95131 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF PayPal Fees Accounting/Banking EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/30/14 PayPal Payee address; City; State; Zip Code Amount (\$) 2211 North First St, San Jose, CA 95131 1.03 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF PayPal Fees Accounting/Banking EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 10/31/14 Frost Bank - Fee Amount (\$) Payee address; City; State; Zip Code 1206 W. 38th Street, Suite 1101 Austin, TX 78705 5.00 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF Accounting/Banking Bank Fee EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 10/31/14 Payee name PayPal Amount (\$) City; State; Zip Code Payee address; 2211 North First St, San Jose, CA 95131 0.88 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** PayPal Fees OF Accounting/Banking **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

Accounting/Banking Consulting Expense Event Expense Fees Total pages Schedule F: 1 Total pages Schedule F: 2 FILER NOUR R Date 11/03/14 Scott Amount (\$) PURPOSE Expenditure to benefit C/OH PURPOSE OF EXPENDITURE Category Amount (\$) Payee 11/28/14 Payee 1206 PURPOSE OF EXPENDITURE Category Account (\$) Payee Account (\$) Category Category Account (\$)	everage Expense Expense Expense The Instruction Guide NAME ail ame Morris-reimbursem Iddress: City: Sta x 49166 Austin, TX Dry (See categories listed at the to rtising Expense Iddiate / Officeholder name Bank - Fee	nent te: Zip Code Z 78765 op of this schedule) tate: Zip Code te 1101 Austin	sing Expense Transpor Contribut rict Candi ental Expense OTHER (complete this form. 3 (b) Description (If travel of Statesman Print) Office sought	payment/Reimbursement reation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above) ACCOUNT # (Ethics Commission Filers) putside of Texas, complete Schedule T) Ad on 10/30 Office held
Total pages Schedule F: 2 FILER NOUR R 5 Payee m 11/03/14 Scott 5 Payee m 156.54 PO Bo 156.54 PO Bo 156.54 PO Bo Schedule File Post P	The Instruction Guide NAME ail name Morris-reimbursem Iddress: City: Sta x 49166 Austin, TX Ory (See categories listed at the to rtising Expense Ididate / Officeholder name Bank - Fee address: City: St W. 38th Street, Suit Ory (See categories listed at the to Inting/Banking	nent te: Zip Code Z 78765 op of this schedule) tate: Zip Code te 1101 Austin	(b) Description (If travel of Statesman Print) Office sought	ACCOUNT # (Ethics Commission Filers) outside of Texas, complete Schedule T) Ad on 10/30 Office held
Date 5 Payee in 11/03/14 Scott 11/03/14 PO BO	ail ame Morris-reimbursem ddress; City; Sta x 49166 Austin, TX ory (See categories listed at the to trising Expense didate / Officeholder name Bank - Fee address; City; Sta W. 38th Street, Suit ory (See categories listed at the to nting/Banking	tte; Zip Code (78765 op of this schedule) tate; Zip Code te 1101 Austin	(b) Description (If travel of Statesman Print) Office sought n, TX 78705	outside of Texas, complete Schedule T) Ad on 10/30 Office held
11/03/14 Scott	Morris-reimbursem Iddress: City: Sta x 49166 Austin, TX Try (See categories listed at the to rtising Expense Ididate / Officeholder name Bank - Fee address: City: Sta W. 38th Street, Suit Try (See categories listed at the to Inting/Banking	tte; Zip Code (78765 op of this schedule) tate; Zip Code te 1101 Austin	Office sought Office sought n, TX 78705 Description (If travel of	Ad on 10/30 Office held
Amount (\$) 7 Payee 8 156.54 PO Bo PURPOSE OF EXPENDITURE Advert Complete ONLY if direct expenditure to benefit C/OH Date Payee 11/28/14 Frost Amount (\$) Payee 5.00 1206 PURPOSE Category EXPENDITURE Accounts Complete ONLY if direct expenditure to benefit C/OH Date Purpose Category EXPENDITURE Can expenditure to benefit C/OH	x 49166 Austin, TX x 49166 Austin, TX bry (See categories listed at the to etising Expense didate / Officeholder name Bank - Fee address; City; Si W. 38th Street, Suit bry (See categories listed at the to enting/Banking	tte; Zip Code (78765 op of this schedule) tate; Zip Code te 1101 Austin	Office sought Office sought n, TX 78705 Description (If travel of	Ad on 10/30 Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Can Date 11/28/14 Amount (\$) Payee 5.00 PURPOSE OF EXPENDITURE Category Accounts Complete ONLY if direct expenditure to benefit C/OH Category Accounts Complete ONLY if direct expenditure to benefit C/OH	x 49166 Austin, TX ory (See calegories listed at the to rtising Expense didate / Officeholder name Bank - Fee address; City; Si W. 38th Street, Suit	tate; Zip Code	Office sought Office sought n, TX 78705 Description (If travel of	Ad on 10/30 Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee 11/28/14 Frost Amount (\$) Payee 5.00 1206 PURPOSE Category Accounts EXPENDITURE Cane Cane Cane Cane Cane Cane Cane Cane	ory (See categories listed at the to trising Expense didate / Officeholder name Bank - Fee address; City; St. W. 38th Street, Suitory (See categories listed at the to nting/Banking	tate; Zip Code	Office sought Office sought n, TX 78705 Description (If travel of	Ad on 10/30 Office held
Complete ONLY if direct expenditure to benefit C/OH Date Payee 11/28/14 Frost Amount (\$) Payee 5.00 1206 PURPOSE OF EXPENDITURE ACCOUNTY of direct expenditure to benefit C/OH Date Payee Accounty if direct expenditure to benefit C/OH Date Payee Payee	name Bank - Fee address; City; Si W. 38th Street, Suit	tate; Zip Code te 1101 Austin	Office sought Office sought n, TX 78705 Description (If travel of	Ad on 10/30 Office held
Complete ONLY if direct expenditure to benefit C/OH Date Payee 11/28/14 Frost Amount (\$) Payee 5.00 1206 PURPOSE Category Accounts Complete ONLY if direct expenditure to benefit C/OH Date Payee Payee Accounts	name Bank - Fee address; City; St W. 38th Street, Suit	tate; Zip Code te 1101 Austin	Office sought n, TX 78705 Description (If travel o	Office held
Date Payee 11/28/14 Prost Amount (\$) Payee 5.00 1206 PURPOSE Category EXPENDITURE ACCOUNT Complete ONLY if direct expenditure to benefit C/OH Date Payee Payee Payee Payee Payee Payee	name Bank - Fee address; City; Si W. 38th Street, Suit	tate; Zip Code te 1101 Austin	n, TX 78705 Description (If travel o	
Amount (\$) Payee 5.00 1206 PURPOSE Category EXPENDITURE Account Complete ONLY if direct expenditure to benefit C/OH Date Payee	Bank - Fee address; City; Si W. 38th Street, Suit Ory (See categories listed at the to nting/Banking	te 1101 Austir	Description (If travel o	outside of Texas, complete Schedule T)
Amount (\$) Payee 5.00 1206 PURPOSE Category OF ACCOUNTY Complete ONLY if direct expenditure to benefit C/OH Date Payee	address; City; Si W. 38th Street, Suit Dry (See categories listed at the to nting/Banking	te 1101 Austir	Description (If travel o	outside of Texas, complete Schedula T)
5.00 1206 PURPOSE Categor Account Acc	W. 38th Street, Suit Dry (See categories listed at the to nting/Banking	te 1101 Austir	Description (If travel o	outside of Texas, complete Schedule T)
PURPOSE Category OF ACCOUNTY Complete ONLY if direct expenditure to benefit C/OH Date Payee	ory (See categories listed at the to nting/Banking	p of this schedule)	Description (If travel o	outside of Texas, complete Schedula T)
Complete ONLY if direct expenditure to benefit C/OH Date Payee	nting/Banking		1	outside of Texas, complete Schedula T)
Complete ONLY if direct expenditure to benefit C/OH Date Payee			Bank Fee	
expenditure to benefit C/OH Date Payee	didate / Officeholder name			
=			Office sought	Office held
Amount (\$) Payee	address; City; St	tate; Zip Code	• •	
97.39 4615	N Lamar Blvd Austi	in, TX 78751		
. 0.2 002	ory (See categories listed at the to		· · ·	outside of Texas, complete Schedule T)
OF Office	Overhead/Rental I	Expense	Supplies	
Complete ONLY if direct Car expenditure to benefit C/OH	ididate / Officeholder name	-	Office sought	Office held
Date Payee 12/31/14 Office	name Max			
	address; City; St N Lamar Blvd Aust	tate; Zip Code in, TX 78751		
	ory (See categories listed at the to ng Expense	op of this schedule)	Rail Petition, Res	outside of Texas, complete Schedule T) Solution Packets
Complete ONLY if direct Care expenditure to benefit C/OH	ididate / Officeholder name	e	Office sought	Office held

POLITICAL EXPENDITURES

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	sing Expense	Contributions/Donatio	nent & Related Expense ns Made By older/Political Committee	
	The Instruction Guide	explains how to c	omplete this for	m.		
1 Total pages Schedule F:	2 FILER NAME Our Rail			3 ACCOUNT #	(Ethics Commission Filers)	
4 Date 12/31/14	5 Payee name Pair NIC					
6 Amount (\$) 65.00	7 Payee address; City: Star 2403 Sidney Street, Suite	te: Zip Code 210, Pittsbur	gh, PA 1520	3		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Advertising Expense	p of this schedule}	(b) Description Domain Re	(If travel outside of Texas, newal	complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH		Office sough	nt	Office held	
Date 12/31/14						
Amount (\$) 97.04	Payee address; City; St 3710 Cedar St, Austin TX	ate; Zip Code 78705				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Contributions/Donations Candidate/Officeholder/	Made By	Charitab	(If travel outside of Texas, ple Contributio		
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name		Office sough	ht	Office held	
Date	Payee name		-			
Amount (\$)	Payee address; City; St	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C		,	Office sough	ht	Office held	
Date	Рауее пате			_		
Amount (\$)	Payee address; City; St	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
Complete ONLY if direct expenditure to benefit C		•	Office soug	ht	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED		

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

P.O. Box 12070

FORM PAC - DR

The Instruction Guide explains how to complete this form. - Complete only if "Report Type" on page 1 is marked "Dissolution" --2 ACCOUNT # (Ethics Commission Filers) 1 COMMITTEE NAME Our Rail 3 Affidavit of Dissolution I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file. Signature of Campaign Treasurer DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Scott Morris , this the 20 15 , to certify which, witness my hand and seal of office. Title of officer administering path